



YEN DENTAL LABORATORY

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Dentist _____

Patient Name _____

Phone _____

Date Prepared _____

Address _____

Due Date _____ Time _____

Standard

Premium

Adjustment / Remake

Shade

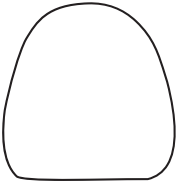


Photo Emailed

images@yendental.com
(Please include lab card number, Doctor and Patient's name in the subject line)

Occlusal Staining

None Light Medium

Embrasure



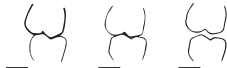
Open Closed

Proximal Contact



Normal Extended

Occlusal Contact



Heavy Light Open

Occlusal Design



Pontic Design



Restoration Type

- Crown
- Bridge
- Veneer
- Inlay / Onlay
- Post and Core
- Maryland Bridge

All Ceramic

- Porcelain Fused to Zirconia
- Multilayered Monolithic Zirconia
- Multilayered Monolithic Zirconia (Extra Translucency)
- IPS E-Max

Stump Details (Required for All Ceramic)

- Vital (Stump Shade _____)
- Non Vital (Dentine or Composite)
- Non Vital (Metallic Post and Core)

Insufficient Occlusal Clearance

- Make Metal Island
- Make Metal Occlusal
- Send back for re-prep
- Contact for Discussion
- Reduce opposing & mark model
- Reduce prep & mark model
- Reduce prep & make reduction coping

Porcelain Fused to Metal

- High Precious
- Semi-Precious
- Non Precious
- Non Precious (Nickel Free)

Margin Type

- Classic PFM
- 360° Metal Margin
- Buccal Porcelain Margin
- 360° Porcelain Margin

Full Cast

- Yellow Gold
 - 75% 50% 20%
- Non Precious (CoCr)

Others

- Diagnostic Wax Up
- Special Tray (Closed / Open)
 - Upper Lower

Implants

Brand _____
Platform _____

Type

- Screw Retained
- Cement Retained

Enclosed

- Abutment
- Analog
- Screw
- Others

Material Enclosed

- Triple Tray
- Upper Impression
- Lower Impression
- Upper Model
- Lower Model
- Articulator
- Shade Tab
- Bite Registration
- Denture
- Others

Position

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Instructions

Turn Over For Additional Instructions